



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
**BOARD OF ELECTRICAL EXAMINERS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## APPLICATION FOR LICENSURE AS A JOURNEYPEPERSON OR APPRENTICE ELECTRICIAN INSTRUCTION SHEET

### General Information

If you are applying for licensure as a Journeyman Electrician, the application asks whether you are filing for original or reciprocal licensure.

- If you do not hold a current electrical license in another jurisdiction (state, U.S. territory or District of Columbia), apply for original licensure.
- If you hold a **current** license in another jurisdiction, apply for reciprocal licensure.

If you are applying for licensure as an Apprentice Electrician, you must meet the requirements for Delaware Apprentice Electrician original licensure by enrolling in a program approved by the Delaware Board *even if you hold an Apprentice Electrician license in another jurisdiction*. The Delaware apprenticeship program may credit experience you gained while a licensed apprentice in another jurisdiction toward completion of your Delaware program.

### Requirements for All Applications

- ☐ Submit completed, signed and notarized [Application for Licensure as a Journeyman or Apprentice Electrician](#).
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware." See [Fee Schedule](#).
- ☐ If you have *ever* held an electrical license in another jurisdiction, arrange for the Board office to receive license verification from each jurisdiction, sent directly from the jurisdiction to the Board office.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

### Additional Requirement for Applications for Original Licensure

When applying for original licensure as an apprentice or journeyman electrician, you must submit proof of experience in addition to the requirements above. The proof of experience depends on which kind of license you are applying for.

- ☐ Use this table to decide what to submit.

IF you are applying for...	THEN submit...
Journeyman Electrician	<ul style="list-style-type: none"> <li>• Certificate of completion of apprenticeship from a state-approved, <i>bona fide</i>, registered apprenticeship program such as a program approved by the Department of Labor</li> <li>or</li> <li>• <a href="#">Verification of Employment</a> form(s) showing at least 8,000 hours of full-time experience performing electrical work under the supervision of a licensed Master Electrician, Master Electrician Special, Limited Electrician, or Limited Electrician Special. If you cannot obtain a <i>Verification of Employment</i> form for one or more periods of employment (e.g., your former employer has gone out of business), you may substitute tax form W-2s for those periods. <b>However, you must include a letter explaining why you cannot obtain the form.</b></li> </ul>
Apprentice Electrician	Documentation verifying that you are enrolled in or have completed a Board-approved apprenticeship program, such as a program approved by the Delaware Department of Labor.

### **Additional Requirements for Reciprocal Licensure as a Journeyperson Electrician**

To be licensed as a Journeyperson Electrician by reciprocity, you must hold a **current** license to perform electrical work in a jurisdiction (state, U.S. territory or District of Columbia) where the requirements for licensure are *substantially similar to those of Delaware*. To make a decision whether the requirements are substantially similar, the Board must review and compare the law and regulations of the other jurisdiction(s) to Delaware's law and regulations.

- If the Board determines that the requirements in at least one jurisdiction where you hold a current license are substantially similar to Delaware's requirements, you do not need to submit any proof of experience.
- If the Board determines that the requirements in **none** of jurisdictions where you hold a current license are substantially similar to Delaware's requirements, you must submit proof of five years of experience.

**Note:** The determination of substantial equivalence may change based, for example, on changes in the other jurisdiction's law.

- ☐ Submit a copy of the law and rules and regulations from **each** jurisdiction where you hold a **current** journeyperson electrician license.
- ☐ If the Board determines that *no jurisdiction where you hold a current license has requirements substantially similar to those of Delaware*, submit [Verification of Employment](#) form(s) showing that you have practiced for a minimum of five years after you were licensed.
  - If you cannot obtain a *Verification of Employment* form for one or more periods of employment (e.g., a former employer has gone out of business), you may substitute tax form W-2s for those periods. **However, you must include a letter explaining why you cannot obtain the form.**
  - If no jurisdiction where you hold a current license has substantially similar requirements **and** you have **not** practiced a minimum of five years, you cannot be licensed by reciprocity. You must apply for original licensure.



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## APPLICATION FOR LICENSURE AS A JOURNEYPERSON OR APPRENTICE ELECTRICIAN

### TYPE OF APPLICATION

1. Show which type of license you are applying for (check one):

☐ Apprentice Electrician

☐ Journeyman Electrician – Check which type of licensure you are applying for:

☐ Original – I do not hold any *current* electrical license in another jurisdiction.

☐ Reciprocal – I hold a *current* electrical license in at least one other jurisdiction.

### IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

2. Name: \_\_\_\_\_  
Last First Middle
3. Other Names Used: \_\_\_\_\_
4. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐
5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip code
7. Phone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Email: \_\_\_\_\_

### APPRENTICESHIP AND LICENSURE – All applicants complete this section.

8. Have you **ever** held an electrical license of any type in any jurisdiction? Yes ☐ No ☐ If yes, give the following about *each* license you have ever held.

JURISDICTION	TYPE OF LICENSE	LICENSE NUMBER	LICENSE STATUS

- Arrange for the Board office to receive a license verification sent *directly* to the Board office from *each* jurisdiction listed above.

- *If you are applying for reciprocal licensure*, submit a copy of the law and regulations from each jurisdiction where you hold a *current* license.

9. Have you *completed* a registered apprenticeship program? Yes ☐ No ☐ If yes, enclose a copy of the **Certificate of Completion**. If you are applying as an Apprentice Electrician, continue with the next question. If you are a Journeyman applicant, skip to the EMPLOYMENT AND SUPERVISION section.
10. Are you *enrolled* in a registered apprenticeship program? Yes ☐ No ☐ If yes, enclose documentation of your enrollment.

11. If you are under 18 years old, are you enrolled in a vocational program at a vocational school? Yes ☐ No ☐ **If yes, enter:**

Vocational School: \_\_\_\_\_ When Admitted: \_\_\_\_\_

**EMPLOYMENT AND SUPERVISION – All applicants complete this section.**

12. Enter the following information about your current employment.

CURRENT EMPLOYMENT		
Employer Name: _____		
Employer Address: _____		
	Street	
_____	_____	_____
City	State	Zip
Supervisor: _____ License No: _____		
Your Job Title: <input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyperson <input type="checkbox"/> Other: _____		
Date of Employment: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Description of Duties: _____		
_____		

13. I certify that I understand that I am **not** permitted to perform electrical work without supervision and that I am **not** permitted to call for an inspection. Yes ☐ No ☐

**EXPERIENCE HISTORY – Applicants for Journeyman Electrician licensure complete this section.**

14. List your related, full-time employment beginning with the most recent and working backwards. **If you need more room, enclose separate sheet with the same information.**

Employer Name: _____		
Employer Address: _____		
	Street	
_____	_____	_____
City	State	Zip
Supervisor: _____ License No: _____		
Your Job Title While Employed Above: <input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyperson <input type="checkbox"/> Other: _____		
Employment Dates: From: _____ To: _____		
Description of Duties: _____		
_____		

Employer Name: _____		
Employer Address: _____		
	Street	
_____	_____	_____
City	State	Zip
Supervisor: _____ License No: _____		
Your Job Title While Employed Above: <input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyperson <input type="checkbox"/> Other: _____		
Employment Dates: From: _____ To: _____		
Description of Duties: _____		
_____		

- If you are applying for original licensure but do *not* have a certificate of completion of apprenticeship from any state-approved, *bona fide*, registered apprenticeship program, submit [Verification of Employment](#) form(s) to document all of your experience, both current and past.
- Note that, if you are applying for reciprocal licensure and the Board later determines that no jurisdiction where you hold a current license has requirements substantially similar to those of Delaware, you must submit [Verification of Employment](#) form(s) to document at least five years of experience.
- If you cannot obtain the required form from the supervising licensed electrician, you may substitute tax W-2 forms showing full-time employment. Include a letter explaining why you cannot obtain the [Verification of Employment](#) form.

**DISCLOSURES - All applicants complete this section.**

15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau of Identification](#).**
16. Are criminal charges against you pending in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
17. Have you received any administrative penalties (disciplines) in connection with your practice as an electrician such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probation, limitations, **or** have you been a party to a "consent agreement" containing conditions placed by a Board on your professional conduct and practice including any voluntary surrender of a license? Yes ☐ No ☐ **If yes, provide documentation of the action.**
18. Do you have any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you have previously been or are currently licensed or registered? Yes ☐ No ☐ **If yes, provide documentation of the proceeding or complaint.**
19. Do you have any impairment related to drugs or alcohol that would limit your ability to act as an electrician in a manner consistent with the safety of the public? Yes ☐ No ☐

**To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within six months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license.**

**AFFIDAVIT**

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires on \_\_\_\_\_.

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.**



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**VERIFICATION OF EMPLOYMENT**

**APPLICANT INFORMATION – This section to be completed by applicant**  
*You may copy this form.*

1. Applicant Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip code
3. **Employer (Company's Name):** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip code

**EXPERIENCE – This section to be completed by applicant's licensed supervisor.**

**Instructions:** The above applicant has applied to the Delaware Board of Electrical Examiners for licensure. **Return the completed, signed, notarized form *directly* to Board at the address above.** Forms submitted by the applicant cannot be accepted.

**Information about Supervisor**

1. Supervisor's Full Name: \_\_\_\_\_
2. Enter the following information about your licensure at the time you supervise(d) applicant:  
Type of License (e.g., Master): \_\_\_\_\_ Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_
3. List all jurisdictions where you have held an electrician license: \_\_\_\_\_

**Applicant's Supervised Experience**

4. Check *each* level at which you supervise(d) the applicant and complete the information for that level.  
☐ Apprentice: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_  
month/day/year month/day/year  
☐ Journeyman: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_  
month/day/year month/day/year
5. If different than the dates entered above, enter the period when applicant worked full-time (35+ hours per week):  
From: \_\_\_\_\_ To: \_\_\_\_\_  
month/day/year month/day/year
6. Describe the types of electrical work the applicant performed under your supervision: \_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I confirm that I am the employer/supervisor named above and I declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge and belief.

**SUPERVISOR SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

SEAL

Notary Signature: \_\_\_\_\_

My commission expires on: \_\_\_\_\_.